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Mental Health Services Act (MHSA)
TECHNOLOGY

May 2, 2007

THREE-YEAR PROGRAM AND EXPENDITURE PLAN PROPOSED GUIDELINES for the TECHNOLOGY COMPONENT

Initial Three Year Period

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PART I – PURPOSE AND BACKGROUND

Purpose

The Mental Health Services Act (MHSA or the Act) requires that the Department shall establish guidelines for the content of the Three Year Program and Expenditure Plan-Technology Component (Technology Plan) that each county mental health program submits as part of its three-year program and expenditure plan. This document provides proposed guidelines for the submission of the Technology Plan to ensure the Technology Plan achieves the County and DMH goals for a transformed mental health system.

Background

The passage of Proposition 63, the Mental Health Services Act (MHSA) in November 2004, provides an opportunity to increase funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for serving children, transition age youth, adults, older adults and families with mental health needs. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that effectively support the local mental health system. Improvement in client outcomes is a fundamental expectation throughout the MHSA implementation process.

The MHSA specifies five major components around which DMH has created an extensive stakeholder process to consider input from all perspectives. These five components are:

- Community Services and Supports (CSS)
- Workforce Education and Training
- ***Capital Facilities and Technological Needs***
- Prevention and Early Intervention
- Innovative Programs

Each component addresses critical needs and priorities to improve access to effective, comprehensive, culturally and linguistically competent expanded county mental health services and supports. Counties are to develop and update Three-Year Program and Expenditure Plans for each component in partnership with stakeholders via a Community Program Planning Process. Technology Plans must address the development of a long-term infrastructure for mental health to facilitate the highest quality, cost-effective services and supports for consumer and family wellness, recovery and resiliency.

THE BENEFITS OF TECHNOLOGY

Technology provides an opportunity to improve health care quality and reduce health care spending on administration and corrective action by facilitating the secure capture, exchange and utilization of clinical, financial, and administrative information for integrated service delivery. Consumers and families would benefit from improved access to timely and accurate health and wellness information. In addition, technology would allow service providers to benefit from more timely and accurate information about clients' health status, health history, and "best treatment" options. Public administrators would benefit from access to clinical information on treatment and service delivery trends and consumers' outcomes across the spectrum of care delivery.

DMH Technology Goals

All County MHSA technology projects must be framed within the context of the guiding principles of MHSA. The Technology Plan must demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data processing and communications. These objectives allow for an overall transformation of processes that will require a phased approach of technology enhancements. DMH will be an active participant in supporting the successful implementation of these local projects through inception, planning, implementation, and ongoing delivery. DMH will increase its support role by providing needed materials and tools through the DMH website including: County level project summaries with current status and lessons learned, sample requests for proposals (RFP), project readiness assessments, sample work plans, etc.

Evaluation and approval of technology funding will be made within the context of two goals.

- **MODERNIZE AND TRANSFORM** clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

- Increase **CONSUMER AND FAMILY EMPOWERMENT** by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

Modernize and Transform Information Systems

Information is an essential tool for decision-making at all levels of the state mental health system. It is employed by service providers to provide appropriate, quality, and evidence-based care; by staff in utilizing resources in the most efficient manner; and by management in developing better methods of providing services. In a context of increased need, increased geographical locations where care is provided, and changes in mental health treatment and recovery methodology, data is becoming even more important. Mental health information systems should exist to enable a collaborative decision-making process with service providers, consumers and families in all aspects

of the mental health system. Information systems are an essential planning tool: they provide reliable and consistent information about mental health services and consumer needs that are essential for improved client treatment and recovery. These systems are a tool to assist service providers with recording and monitoring the client needs. They provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery.

A core capability of quality performance measures is the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment. Information systems improve effectiveness by enabling the measurement of quality indicators as determined by national, state and county standards.

A standards based **Integrated Information Systems Infrastructure** is key to increased efficiency in the access, reporting, and secure sharing of client records. Benefits of this approach to technology include better security and control over client records, increased access to critical clinical information for improved client care coordination, decreased time in common administrative procedures and efficient communications with clients, family and service providers.

Integrated Information Systems Infrastructure

The long-term goal of DMH is to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information. This infrastructure will provide the local service sites with consumer demographic information, locations of previous services and critical clinical information for coordination of care purposes. The Infrastructure will allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract providers, hospital emergency departments, laboratories, pharmacies and consumers and their families could all securely access and exchange information through the infrastructure. This long-term goal will be achieved as each County assesses their current state of technology readiness and moves through a continuum of improvements over time.

The **Electronic Health Record (EHR)** is the foundation for an Integrated Information Systems Infrastructure. It is a secure, real-time, point-of-care, client centric, information resource for service providers. The EHR aids decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support. The EHR automates and streamlines the service provider's workflow, closing loops in communication and response that result in delays or gaps in care. The EHR also supports the collection of data for uses other than direct clinical care, such as billing, quality management, outcomes reporting and resource planning. (HIMSS Electronic Health Record Definitional Model 1.1)

Standards

The ability to share timely, accurate and secure access to the client's health and healthcare information is possible with the use of technologies that use uniform **standards** to transfer data from one source to another. The achievement of this goal, also known as interoperability, is in health care information management, challenged by dissimilar communication styles, disparate systems for storing and presenting information, differing work flow processes and data languages.

Standards must address the need for client information privacy and security. They should support the ethical and legal use of personal information, in accordance with established privacy laws and rights, which may be culturally or ethnically specific. A key issue is the control of access to personal health information, which should be kept confidential and used only for approved purposes, and shared only among authorized individuals with informed consent.

The need for clarity and consistency in communication about complex emerging knowledge is a significant hurdle that can be addressed by the use of standards. For instance: "Architecture" has a much different meaning to a computer systems analyst than to a home builder.

To ensure the technology is properly configured to meet the needs of the county service delivery providers, consumers and their families, DMH will establish an advisory body comprised of state staff, industry experts, county and contract providers, consultants, consumers and family to review and recommend the design and implementation of the statewide integrated information systems infrastructure. This body will recommend system configuration, standards, requirements, and policies.

Consumer and Family Empowerment

Access to Computing Resources and Health Information

Technology solutions have the potential to significantly improve quality of care and health outcomes. This can be accomplished by providing accurate and current information about a consumer's mental health history to the service provider, the consumer and their family, when appropriate. This complete and accurate health information is crucial in reducing medical errors and improving care coordination. Improved access to information has the potential to improve communication between consumers and service providers, resulting in more meaningful consumer participation in the healthcare process. Having access to such information is empowering, enabling consumers to be informed and make sensible choices within the mental health system.

As reported by the National Committee on Vital and Health Statistics, the potential benefits of consumer accessible health information systems include:

- Support wellness activities
- Improve understanding of health issues
- Increase sense of control over health
- Increase control over access to personal health information
- Support timely, appropriate preventive services
- Support healthcare decisions and responsibility for care
- Strengthen communication with providers
- Verify accuracy of information in provider records
- Support home monitoring for chronic diseases
- Support understanding and appropriate use of medications
- Support continuity of care across time and providers
- Manage insurance benefits and claims
- Avoid duplicate tests
- Reduce adverse drug interactions and allergic reactions
- Reduce hassle through online appointment scheduling and prescription refills
- Increase access to providers via e-visits

A key component to implementing a successful system of service delivery and coordination of care is consumer and family input and communication. As evidenced throughout the stakeholder discussion process, consumers and families have shown overwhelming support for expenditures in computer resources to improve communication. The basis of the relationship between clinician and consumers and family is the delivery of high quality care with the up most respect for consumer self-reliance. This can only be achieved with the knowledge that information is secure and confidential. The use of uniform policies and procedures to ensure that technology supports the client's privacy and security is essential. Technology can be used to securely provide consumers with the ability to view and enter comments or data in their records, and the ability to share their journey with a designated family member, friend and service provider.

PART II: FUNDING REQUIREMENTS

EVALUATION AND APPROVAL CRITERIA

DMH will evaluate and approve technology projects within the context of two criteria:

CRITERIA #1 - PROJECT TYPE

The project must meet the goals of modernization/transformation or consumer/family empowerment within a framework of an Integrated Information Systems Infrastructure. Projects meeting these goals include, but are not limited to:

- **Electronic Health Record (EHR) System Projects**
- **Consumer and Family Empowerment Projects**
  - Consumer/Family Access to Computing Resources Projects
  - Personal Health Record (PHR) System Projects
  - Expansion / Leveraging Network of Care
- **Other Technology Projects**
  - Tele-medicine and other rural/underserved service access methods
  - Pilot projects to monitor new programs and service outcome improvement
  - Data Warehousing Projects / Decision Support
  - Imaging / Paper Conversion Projects

CRITERIA #2 – TECHNOLOGY PROGRAM ASSESSMENT

The plan must adequately justify, through a sufficient level of detail, the expenditure of MHSA funds. The significant assessment factors include:

- Technology Strategic Plan
- Roadmap to achieving an Integrated Information Systems Infrastructure through an EHR system
- County Personnel (Management and Staffing)
- Cost
- Nature of the Project
- Hardware Considerations
- Software Considerations
- Interagency Considerations
- Training and Implementation Plan
- Security
- Appropriate Level of Documentation

CRITERIA #1 - PROJECT TYPE

MOVING TOWARD AN INTEGRATED INFORMATION SYSTEMS INFRASTRUCTURE

County Technology Plans will be evaluated on their strategies for reaching the Department's technology goals of modernization / transformation and consumer / family empowerment through the implementation of an *Integrated Information Systems Infrastructure* that makes health information available to consumers and service providers throughout California. This long-term plan will promote the transformation of county technology operations from a paper based process to a secure, fully integrated, consumer centric, electronic environment.

TYPES OF PROJECTS

The Department considers the projects listed below as technologically transformative. Counties may propose other technology projects only if they have submitted a ***Roadmap*** (as required in the county's Technology Program Assessment report) for moving toward Integrated Information Systems Infrastructure through an EHR system.

The *Roadmap* will define the plan, schedule and approach to achieving an integrated information systems infrastructure through the implementation of an EHR system. It will include proposed project milestones, plans for vendor selection and cost estimates over the life of the planning horizon. The Roadmap reflects the County's overall long term plan. If the County proposes multiple projects, only one roadmap is required as long as the projects are included in the Roadmap.

Expenditures must be specific to the proposed project and cannot be for general technology needs of the County, such as a general increase in desktop computers, PDAs, etc. for new employees, which can be included as service costs in the County's CSS or PEI components of the Plan.

Counties must submit Technology Plans that describe a Roadmap for moving toward an Integrated Information Systems Infrastructure through EHR's.

Electronic Health Record (EHR) System Projects

As mentioned previously, an EHR system is the foundation for an Integrated Information Systems Infrastructure. Standards that allow for connectivity (interoperability), secure access and privacy are the keys to achieving the inherent benefits of an EHR. DMH requires the County to adhere to the standards listed below for EHR implementation projects.

Minimum Statewide Technology Standards for EHR Projects

As counties move toward an integrated information systems infrastructure through EHR's, counties, in most cases, will be implementing EHR systems from external software vendors. These purchases could be for complete EHR systems or individual components, (infrastructure, health record capture, decision support, reporting, data transfer) of an EHR system. DMH has developed minimum statewide standards that counties must address when purchasing and implementing the components of an EHR system. These minimum standards, which will be promulgated in forthcoming regulations, will be modified periodically to achieve a statewide, fully integrated information system infrastructure.

EHR standards address the ability to access, exchange and assure security in the use of clinical information. The standards are divided into three categories: Functional Requirements; Connectivity (interoperability) and Consumer Access; Security and Privacy. These attributes emulate the framework for certification of ambulatory EHRs. DMH understands that the work of Certification Commission for Healthcare Information Technology (CCHIT) continues and will address the unique requirements of behavioral health. Therefore, counties should evaluate the vendor's ability to meet current standards and commitment to meet evolving national standards prior to the purchase of any EHR related products.

DMH will also work with stakeholders to develop requests for information from the EHR vendor community to:

- Assist the Counties in understanding the technologies available from various vendors to support consumers in achieving their goals, as well as administrative process improvements
- Share the results of the vendor responses for functionality and the benefits of EHR implementations for planning purposes
- Determine vendors capable of providing EHR systems that meet the California minimum requirements (and national standards)

The minimum standards listed below are applicable to individual components of the county's proposed EHR system. As counties implement specific EHR components, they must assure compliance with all minimum standards related to the component.

FUNCTIONAL STANDARDS

A comprehensive EHR **MUST** meet the applicable functional requirements outlined in the CCHIT Functionality Criteria 2007 (released March 16, 2007, *www.CCHIT.org*). A summary of the attributes of a comprehensive EHR is provided below (HIMSS Electronic Health Record Definitional Model Version. 1.1.)

- Provide secure, reliable, real-time access to client health record information where and when it is needed to support care.
- Function as a centralized and integrated information resource for clinicians during the provision of client care.
- Assist with the work of planning and delivering evidence-based care to individual and groups of clients.
- Capture data used for continuous quality improvement, utilization review, risk management, resource planning, and performance management.
- Support clinical applications such as computerized order entry and decision support tools.
- Via electronic prescribing, the EHR should have the ability to also summarize prescribed medications for quality management, coordination of care and for uses in the PHR.
- Provide compatibility with scheduling, billing and reporting applications as well as personal health record technologies.
- Have the ability to capture and report California mental health specific cost reporting and performance outcome data.

User Friendly Interface Standard: The EHR project **MUST MOVE TOWARDS** the following**:**

- Provide a useful and easy to understand interface - It should be Internet based, available from any standard web browser, making it easy for clinicians and administrative personnel to operate.
- Be able to transmit an approved form of a Continuity of Care Record as applicable.
- Provide ability of the consumer and family to communicate with the clinician and service provider, especially in the multi-lingual environment.
- Address cultural and language issues to facilitate access and sharing of data. Many cultures do not support the idea of sharing client information. Others share information and decision making on health matters at the level of the extended family or larger group. Counties must ensure that language translation using technology supports cultural competency objectives.
- Address competency and literacy in the use of technology
- Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements. Section 508 requires that individuals with disabilities, including Federal employees, have access to and use of information and data that is comparable to those without disabilities. To learn more about the regulations governing the accessibility of Federal electronic information, please see www.hhs.gov/Accessibility.html.

Vendor Commitment Standard: The EHR project vendor **MUST** meet current industry and government standards. At a minimum, the technology must support current basic

standards and the vendor must provide a written agreement to continually upgrade the technology to meet future standards as they become available. The vendor **MUST**:

- Include implementation plans that meet minimum staffing criteria for planning, implementation, conversion/migration, oversight, risk management and quality assurance of the technology.
- Specify how their product meets or is planned to address all State and federal regulations including but not limited to HIPAA regulations.
- Provide the necessary plan for the product to have application interfaces as those necessary to meet the California mental health reporting and claiming requirements.
- Meet the CCHIT behavioral health criteria within one year of the availability of final behavioral health certification criteria.

CONNECTIVITY AND LANGUAGE (INTEROPERABILITY) STANDARDS

In addition to the functional requirements, the EHR project should address the ability of the system to transfer data outside the county clinic. There are two types of data transfer: messaging and record exchange. Messaging is necessary when data is transferred between different systems with different data standard. Messaging requires the use of standardized protocols such as HL7. The format and methods of distribute data should be standardized wherever possible. Record exchange can occur where data is transferred between two systems that share a common structural design. Detailed requirements are shown below:

Connectivity Standard: The EHR project **MUST MOVE TOWARDS** the following**:**

- Be compatible with modern local and wide area network technology supporting internet and intranet communication.
- Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends.
- Use standard protocols that include:
  - Extensible Markup Language (XML)
  - Simple Object Access Protocol (SOAP) - a protocol for exchanging XML-based messages over computer networks, normally using HTTP. (See the World Wide Web Consortium (W3C) at www.w3.org.)
  - Security Assertion Markup Language (SAML) - an XML document standard for exchanging authentication and authorization data between an identity provider and a service provider. (See the Organization for the Advancement of Structural Information Standards (OASIS) at www.oasis-open.org.)
  - Web services used for application programming interfaces
  - Message-oriented middleware or software that connects two or more software applications so that they can exchange data
  - Other fully documented and highly-supported application programming interfaces as applicable and developed over time

Language Standard:

The EHR project **MUST** Use industry standard coding and classification systems such as:

- International Classification of Diseases (ICD-9)
- Common Procedural Terminology (CPT) or the various nursing terminologies, which set up hierarchical models for specific descriptions of diagnoses, procedures, activities, etc

The EHR project **MUST** be able to capture and report:

- California specific cost reporting and performance outcome data

In addition, the EHR project **MUST MOVE TOWARDS**:

- Standardized clinical nomenclature within structured messages (reference terminologies such as SNOMED (Standardized Nomenclature of Medicine).
- HL7 2.X (with vendor commitment to migrate to HL7 RIM)
- Logical Observation Identifiers Names and Codes (LOINC) as applicable
- Having a cross-mapping of terms from one formal terminology or classification to another consistent with federal, state and DMH standard languages

CONSUMER ACCESS, SECURITY AND PRIVACY STANDARDS

Technology solutions must also address the need for client access and security. The system must support the ethical and legal use of personal information, in accordance with established privacy principles and frameworks, which may be culturally or ethnically specific. The basis of the relationship between service provider and consumers and family is the delivery of high quality care with the highest respect for consumer self-reliance. This can only be achieved with the knowledge that information is secure and confidential. Detailed requirements are shown below:

Privacy

Government Compliance Standard: The EHR project **MUST** be continuously updated to comply with current federal and state laws. The United States Department of Health and Human Services (DHHS) promulgated the Health Insurance Portability and Accountability Act of 1996 (HIPAA) new regulations. In addition, California has many statutes and regulations regarding the privacy and security of mental health and substance abuse information.

- Vendor proposals for technology solutions should specify how their product meets or plans to address all State and federal laws including but not limited to HIPAA regulations. (CLIA, 42 CFR, IPA, CMIA, California Family Code 6920-6929)

Privacy Standard: The EHR project **MUST** support the application of prevailing privacy and confidentiality rules. The technology solution should support the restricting of components or sections of the systems to authorized users and/or purposes. This should include restrictions at the level of reading, writing, amendment, verification, and transmission or disclosure of data and records.

- Support privacy and confidentiality restrictions at the level of both data sets and discrete data attributes.
- Support recording of informed consent for the creation of a client record.

Security

The EHR project **MUST** follow the security criteria outlined in the CCHIT Ambulatory Security Criteria 2007, as applicable. The criteria include: Access Control, Audit, and Authentication. The general security standards are noted in the sample from International Standards Organization (www.iso.org) which are listed below:

- ISO 17799 – Code of Practice for information security
- ISO 27799 – Security Management in health using ISO 17799
- ISO/CD TS 21298 – Health informatics functional and structural roles
- ISO/TS 21091:2005 – Directory services for security, communications and identification of professionals and clients
- ISO/TS 17090-1:2002 – Health informatics – Public Key infrastructure
- ISO 26000 – Standard on Social responsibility (In development – 2008)

A sample from ASTM International (www.astm.org) is listed below. (All of the following standards are ANSI approved.)

- E1762-95(2003) – Standard guide for electronic authentication of healthcare information
- E1985-98(2003) – Standards guide for user authentication and authorization
- E1986-98(2005) – Standard guide for information access privileges to health information
- E1869-04 – Standard guide for confidentiality, privacy, access and data security principles for health care including EHRs
- E1988-98 – Standard guide for training of persons who have access to health information
- E2147-01 – Standard specification for audit and disclosure logs for use in health information systems

Access Control Standard: the EHR **MUST** support measures to define, attach, modify and remove access rights to the whole system and/or sections.

- Support measures to define, attach, modify and remove access rights for classes of users.
- Support measures to enable and restrict access to the whole and/or sections of the technology solution in accordance with prevailing consent and access rules.

- Support measures to separately control authority to add to and/or modify the technology solution from the control of authority to access the technology solution.
- Support measures to ensure the integrity of data stored in and transferred to and from other systems.

Auditing Standard: The EHR **MUST** support recording of an audit trail of access to, and/or modifications of, data.

- Support recording of the nature of each access and/or modification.
- Support audit capability sufficient to track accountability for each step or task in the clinical or operational processes recorded in the record.

Authentication Standard: The EHR **MUST** support two factor authentication and work toward meeting the evolving standards for authentication as they become available.

Consumer and Family Empowerment Projects

Access to Computing Resources Projects

Mental health consumers and family members need access to computer resources to find current electronic health and wellness information. Access to computer resources will provide consumers and family members the ability to access data available through the county, communicate and e-learn from other consumer organizations and reference educational sites available through the Internet.

- Computer resources should include computer hardware, software, and broadband internet connectivity.

- The placement of equipment in a convenient and secure physical environment is essential. These might include "computer labs" within service delivery settings allowing consumers timely access before or after an appointment, or at housing facilities and wellness centers.

- Computer literacy training must be addressed to allow consumers the ability to utilize all available information. This training should include timely and simple methods for consumers to get technical support and information about privacy and security. (Note that any needed workforce technology training should be addressed under the Workforce and Education Component.)

Personal Health Record (PHR) System Projects

The PHR system is a tool for collecting, tracking and sharing important, up-to-date information about an individual's health or the health of someone in their care through a "view" of the EHR. Using a PHR will help consumers and family make better health decisions and improves quality of care by allowing them to access and use information needed to communicate effectively with others about their healthcare.

The Markle Foundation, representing several consumer organizations, and the Blue Cross Blue Shield Association provided the following proposed principles for the Consumer Empowerment Breakthrough Initiative under the American Health Information Community.

Principles for Personal Health Records:

- Each person controls his or her own Personal Health Record and decide who can access which parts of their PHR
- PHRs contain information for one's lifetime
- PHRs contain information from all health care providers
- PHRs should have data integrity: data sources and age of data should be cited; consumers can annotate but are not permitted to destroy or change data electronically supplied by other systems

- Consumers and permitted providers can access PHRs at any place and at any time
- PHRs should be portable; one system's PHR should permit easy exchange of information with other systems' PHRs
- PHRs are private and secure; all entities that provide or manage personal health information, whether or not defined as covered entities under HIPAA, should follow the privacy and security rules that apply to HIPAA-covered entities
- PHRs are transparent; consumers should be able to view who has accessed which parts of their PHR
- PHRs permit easy exchange of information; PHRs must comply with interoperability requirements such as those required by certification bodies (potentially CCHIT)

While the definition and scope of a PHR varies, Counties may request funding for PHR projects that align with the above principles and that follow the standards listed above for EHRs.

Expansion / Leveraging Network of Care

Network of Care for Behavioral Health is an online information source for individuals, families and agencies concerned with mental and emotional wellness, substance abuse and developmental disabilities. For most counties, the Web site contains various functions such as: a service directory, a library, simple access to legislation, mental health organizational links, support and advocacy, and a user maintained personal health folder.

Counties may request funding to develop new Web site functions that improve mental health service delivery through fast and secure access to health information and providers.

Other Technology Projects

Below is a sampling of "Other" technology projects that might be undertaken by the county. These projects are not governed by pre-defined requirements and will be evaluated on a case by case basis using the Criteria #2 – Technology Program Assessment. As with the above EHR and Consumer and Family Empowerment projects, these other technology projects may include funding requests for hardware, software, communications devices and the installation services to install and maintain them.

Tele-medicine and Other Rural/Underserved Service Access Methods

Telemedicine technology is a strategy to improve the accessibility of mental health care, particularly to areas underserved by service providers. Telemedicine, in the form of video, secure e-mail, and phone consultation, is one strategy to improve the accessibility of care in rural and underserved settings.

Some benefits include personalized action and treatment plans, easier access without rigid schedules (increases both client and service provider satisfaction), improved visibility into client's needs (leads to better understanding of outcomes) and providing clients better understanding of their conditions, which in turn, requires fewer interventions.

Applications of telemedicine include assessments, support, discharge planning, review, education, case conferencing, emergency consultations and translation services.

Pilot Projects to Monitor New Programs and Service Outcome Improvement

Projects monitoring outcomes follow a cyclical process that begins with monitoring clinical performance to identify problems that influence clinical practice patterns and the causes of these problems. Once problems are identified, practice modifications can be recommended and introduced, and the results assessed. Most important, by using the tools and systems to measure outcomes, information can be fed back to service providers and administrators to improve a system's clinical performance while also addressing issues of accountability. These systems might measure clinical outcomes, including quality of life, relapse and re-hospitalization rates, adverse incidents monitoring and consumer and family satisfaction surveys.

Data Warehousing / Decision Support

Data Warehousing is a process requiring a set of hardware and software components that can be used to better analyze the massive amounts of data that health systems are accumulating to make better operational and/or strategic decisions. The data warehousing process does not consist of just adding data, but also requires the architecture and tools to collect, query, analyze and present information. Data warehousing is a process, not a product, for assembling and managing data from various sources, for the purpose of gaining a single, detailed view of part or all of a business. Data Warehouses can potentially provide numerous benefits to an organization with quality improvement, and decision support by enabling quick and efficient access to information from existing systems and linkage to multiple operational data sources.

Decision Support systems record data from various sources that are needed to manage mental health systems effectively***.*** *Population data* describes demographic characteristics, medical and mental health status and level of functioning. *Enrollment data* describes demographic and baseline mental health status of enrollees. *Encounter data* characterizes all users of services (e. g., health and mental health status, diagnosis, symptoms, functional status), types of services used, and frequency of use. *Financial data* will reflect costs of services, administrative costs and other expenditures.

Imaging / Paper Conversion Projects

These projects provide the capability to capture, store, manage, retrieve, and route documentation in a secure electronic manner. With document imaging paper documents, photos, and graphics can be scanned and saved as images, organized into folders, linked to business applications, and retrieved by the users. Benefits of an image system are ease of search and retrieval, internet access of scanned images, communications and transfer of images, replace microfilming, space and money saved in storage needs and preserve document integrity.

CRITERIA #2 – TECHNOLOGY PROGRAM ASSESSMENT

DMH requires specific information from counties to carry out its responsibilities in approving the County Technology Plans. The decision to select a particular technological project must take into account the full range of significant factors which will influence the success of a project's implementation and ongoing sustainability.

Counties may include the results of the California External Quality Review Organization (CAEQRO) Information Systems Capabilities Assessment Report findings when applicable as supporting documentation to the categories required below. DMH engaged the CAEQRO to meet Title 42 CFR, Section 438.2 requirements and as such will work with CAEQRO to coordinate technology reporting goals and results.

- **Technology Strategic Plan**. This factor includes assessment of the county's current status of technology solutions, their long-term business plan and the long-term technology plan that will define the ability of the County to achieve integrated information systems infrastructure over time. If the County proposes multiple projects, only one strategic plan is required.

- **County Roadmap for Achieving an Integrated Information Systems Infrastructure through an EHR system**. DMH will review the plan, schedule and approach to achieving an integrated information systems infrastructure through the implementation of an EHR system. At a minimum: 1) a proposed timeline for implementation with major milestones including planning, training, communication and systems analysis; 2) an inventory of current systems and proposed EHR component purchases; 3) a proposed workflow assessment, plan and criteria for EHR vendor selection; and 4) cost estimates associated with the long term plan will be evaluated. This Roadmap is reflects the County's overall plan. If the County proposes multiple projects, only one roadmap is required.

- **County Personnel (Management and Staffing).** This factor includes assessment of the County's current status, their prior experience with information technology installation and the managerial resources it can bring to bear on the use and control of the technology, i.e., whether the agency has an appropriate management infrastructure and agency personnel possess the necessary qualifications for ongoing maintenance of the system. If the County proposes multiple projects, only one personnel analysis is required.

- **Project Management.** Counties must provide a Project Management Plan based on the size and complexity of the proposed project(s) included in their Technology Plan. The County must consider the following Project Management areas for large projects, such as EHR.

    - Independent Project Oversight
    - Integration Management
    - Scope Management
    - Time Management
    - Cost Management
    - Quality Management
    - Human Resource Management (Consultants, Vendor, In-House Staff)
    - Communications Management
    - Procurement Management

  For smaller projects, such as installing computers for public assess, a project management plan must describe the steps from implementation to completion in sufficient detail to allow DMH technology evaluators assurance that the proposed solution can be successfully accomplished.

- **Cost**. Technology will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted.

- **Nature of the Project**. This factor encompasses (1) the extent to which the project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives, (2) the degree of centralization or decentralization required for this activity, (3) the data communication requirements associated with the activity, (4) the characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality. (5) the degree to which the technology can be integrated with other components in the achieving the long-term infrastructure or will require replacement.

- **Hardware Considerations**. This factor includes review of the alternative hardware configuration options capable of effecting the successful implementation of a given Technology activity. Consideration must be given to (1) compatibility with existing hardware, including telecommunications equipment, (2) physical space requirements necessary for proper operation of the equipment, (3) hardware maintenance, (4) the knowledge and skills required of county personnel, (5) backup processing capability, and (6) the existing capacity, immediate required capacity and future capacity.

- **Software Considerations**. This factor includes a review of the software options available to achieve successful implementation of a given Technology activity. Consideration must be given to (1) the compatibility of computer languages with existing and planned activities, (2) maintenance of the proposed software, e.g. vendor-supplied, (3) the urgency of the project, (4) the knowledge and skills required

of county personnel, (5) the availability of complete documentation, and (6) the availability of necessary security features. (7) the ability of the software to meet current technology standards or be modified to meet them in the future.

- **Interagency Considerations**. This factor includes analyzing the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data.

- **Training and Implementation**. This factor includes a description of the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

- **Security Planning.** This factor addresses the County's current information security environment. It describes the policies and procedures related to Privacy and Security planning by reviewing policies on protecting data, operational recovery planning, business continuity planning, emergency response and HIPAA compliance.

- **Appropriate Level of Documentation**. County Technology Plans must provide a sufficient level of detail to describe the underlying assumptions, objectives, alternatives considered, technology environment, and project plan to accomplish the proposed solution. Sufficient technical detail should be included in the Technology Plan to demonstrate that the proposed Technology solution is workable and realistic. DMH will review each Technology Plan placing emphasis on the following elements:

    1. The quantifiable description of the benefit inherent in the technology plan
    2. A description of the assumptions used and the expected functionality associated with the proposal that explains how the stated benefits and objectives will be achieved
    3. The description of the county's program(s), program objectives and current business processes to be impacted by the project
    4. A depiction of how the project fits into the long-term strategy of the county's programs toward integrated information system infrastructure

Each county is responsible for ensuring its Technology Plan meets DMH proposed requirements described herein. Counties should not rely on responding to DMH staff questions to provide needed justification for the Technology Plan. At its discretion, DMH may request additional information from the county.

PART III - PLANNING AND SUBMISSION GUIDELINES

Planning

The comprehensive planning processes undertaken by counties in developing their initial CSS Plans should provide the foundation for future planning processes. Counties are encouraged to develop on-going planning and monitoring stakeholder committees, and to use and augment these groups as needed for the particular planning and oversight expertise for each MHSA component. Planning processes for new components and on-going planning for all components should continually augment and strengthen what is already in place. In this way counties will be able to develop an informed constituency, while continually reaching out to broaden diversity and expertise.

The Technology Plan submission for proposed expenditures should revisit the priorities and discussions documented in previous MHSA planning processes. As counties move toward modernization and transformation of their information infrastructure and address the goal of increasing consumer and family empowerment, they should focus upon getting additional input from any new stakeholders with expertise in this subject area. In addition, each county must address the need for the continued involvement of stakeholder committees and/or key stakeholders regarding recommendations for proposed projects.

Consistent with MHSA statutory requirements (Welfare and Institutions Code Sections 5848(a) and (b)) each County Plan shall be developed with local stakeholders and made available in draft form and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the plan. Section 5848, subdivision (b) of the MHSA requires the mental health board to hold a public hearing for all plans and annual updates. The county shall post a summary and analysis of any substantive revisions made as a result of stakeholder input. As noted in DMH Letter 06-13, funds are available for planning and assessment consultants to assist in the planning process.

County Plan Submission

An original version should be unbound and 3-hole punched. Technology Plans should not be faxed. Proposal exhibits should be typed in similar format to the attached exhibits using 12-point Arial. Final electronic versions of the exhibits may be used for posting on the Department's web site. Counties may choose to submit projects separately or to combine several projects. Completed Technology Plans should be submitted to:

California Department of Mental Health, Information Technology
1600 9th Street, Room 141
Attn: County MHSA Technology Evaluations
Sacramento, CA 95814

DMH Administrative Review and Approval Process

The review and approval process for these plans is expected to take approximately 60 days. DMH headquarters Information Technology (IT) staff will work closely with county staff to assist with plan submission, identify any needed additional information, and obtain plan approval. DMH headquarters IT staff will also coordinate input, review and approval from others critical to the state level approval.

The Technology Plans are evaluated to ensure that the proposed projects meet the long-term MHSA and DMH Technology objectives. DMH Information Technology staff will evaluate the Technology Plan in relation to the Project Type and Technology Assessment Criteria identified under Part II – Funding Requirements. If approved, a letter will be sent informing the county that the plan has been approved and will be followed by a contract amendment.

Approved projects are reviewed on an on-going basis in accordance with the contract to ensure they are meeting the objectives of the original request. On a quarterly basis, status reports are submitted and reviewed to determine if there are any risks and/or issues that could compromise the success of the project. If risks and/or issues are identified, additional consultation with the counties is required to provide guidance, assistance and solicit clarification.

Funding

Welfare and Institutions Code Sections 5892(a)(2) and 5892(e) identify the percentage of MHSA revenues reserved for the Capital Facilities and Technological Needs component. The maximum amount of Capital Facilities and Technological Needs funding available to each county (i.e., the Capital Facilities and Technological Needs Planning Estimate) will be provided by DMH with the final guidelines. Counties may request less than their maximum funding total. Additional MHSA funds may be available at a later date and may be subject to additional Technology Plan requirements.

Technology projects that benefit more than only mental health must include revenues from other funding sources so that the net cost to the MHSA is reflective of the benefit received by mental health. The county should use a reasonable allocation approach to determine the share of a project's cost related to the MHSA, such as percent of total transactions or the number of clients served within programs (e.g. Mental Health clients versus Alcohol and Drug Program clients). The county must also comply with Welfare and Institutions Code Section 5891 addressing county obligations regarding non-supplantation. The Budget Summary - Exhibit 3, provides the county with a template to list project cost and the allocation to MHSA and other funding sources.

PART IV: INSTRUCTIONS AND REQUIRED DOCUMENTATION

EXHIBITS REQUIRED TO BE SUBMITTED

The county Technology Plan is comprised of a series of **four (4) *Exhibits*** that identify a county's technology needs, and provide budgeted actions to address the needs. These exhibits will be evaluated based on the technology program assessment described above.

Counties must submit the following Exhibits to DMH for evaluation.

Face Sheet (Exhibit 1)

This exhibit is a signed verification by the County's mental health director that all requirements for the planning, implementation and funding of the Technology Plan have been considered and will be followed. It also provides the name and contact information of the director's designated point of contact for all matters related to this request. Only one exhibit is required.

Technology Program Assessment Report (Exhibit 2)

This exhibit is designed to give DMH Technology evaluation staff a comprehensive technology assessment of the Technology Plan and how project(s) relate to the goals of MHSA and DMH Technology. It provides DMH IT staff with the county's Roadmap for *implementing an integrated information system infrastructure*, which is a requirement for all Technology Plan submissions. It also will be used to determine if products or services will be incorporated into the existing technology environments.

Budget Summary (Exhibit 3)

These budget summaries allow the counties to summarize proposed expenditures for each project by type of expenditure; for example, personnel, hardware, software, training, support and consulting for each fiscal year. Expenditures for the proposed technology project(s) should be easily identified and related to the project(s) implementation schedule as defined in Exhibit 2.

Expenditures must be specific to the proposed project(s) and cannot be for general technology needs of the County, such as a general increase in desktop computers for new employees, which may be included as service costs in the County's CSS and/or PEI Plans.

Total estimated costs for the project(s) minus any funding from alternative sources will equal the total MHSA funding requirement. For projects providing services to multiple

program clients (e.g. Mental Health and Alcohol and Drug Program clients) a description of estimated benefits and project costs allocated to each program shall be identified. The MHSA funding requirement for Technology plus any request for Capital Facilities funding shall not exceed the total Planning Estimate identified for the County. MHSA funding dedicated to the Capital Facilities and Technological Needs component must be used within ten years or it will revert to the State for redistribution to all Counties.

Quarterly Status Report (Exhibit 4)
Required Subsequent to County Technology Plan Approval

This exhibit describes the required quarterly reporting for County Technology implementation progress. The current version of this template is available from DMH MHSA Technology website (http://www.dmh.ca.gov/mhsa/ITech.asp). This template may be used to fulfill the County's annual reporting requirement as well.

Counties shall submit this report no later than 30 days following the end of each quarter. If the County does not submit the required quarterly status report information within the established timeframes the Department may withhold MHSA funds.

A final Post Implementation Evaluation Report (PIER) section shall be submitted to DMH with the last quarterly project status report. The PIER shall include, but is not limited to the following: (1) A comparison between the objectives approved and the objectives achieved, (2) Information regarding the acceptance of the completed project by users and management, (3) A description of the lessons learned, best practices used to complete the project, and any other factors that contributed to the project's success or difficulties.

The PIER is an essential accountability and communication tool that allows DMH to report on the effectiveness of Technology funding, as well as, share lessons learned and best practices with other Counties. It also identifies to DMH if additional work or funding is required to complete or enhance the Technology to meet any incomplete objectives, including any required DMH data reporting.

Exhibit Templates

Exhibit 1 – FACE SHEET
For Technology Plan

County Name: _____

This Technology Plan is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Technology component.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in Criteria #2 - Technology Program Assessment, is included in this Technology Plan.

We recognize the need for increasing consumer and family empowerment by providing tools for secure consumer and family access to health information within a wide variety of public and private settings.

This plan has been developed with contributions from stakeholders, the public and our contract service providers. The draft local plan was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

County Director
Name
Telephone
E-Mail

Signed_____
Date_____

Chief Information Officer
Name
Telephone
E-Mail

Signed_____
Date_____

HIPPA Privacy / Security Officer
Name
Telephone
E-Mail

Signed_____
Date_____

EXHIBIT 2 – TECHNOLOGY PROGRAM ASSESSMENT REPORT
For Technology Plan

Date: _____ County _____

Project Title _____

If more than one Technology project, please complete an exhibit for each project.

- **PLEASE CHECK AT LEAST ONE BOX FROM EACH GROUP THAT DESCRIBES THIS MHSA TECHNOLOGY PROJECT**

☐ New system
☐ Extend the number of users of an existing system
☐ Extend the functionality of an existing system

☐ Supports goal of modernization/transformation
☐ Supports goal of consumer and family empowerment

☐ Mental Health System
☐ Behavioral Health System (*Includes Alcohol and Drug Program component*)

- **PLEASE INDICATE THE TYPE OF MHSA TECHNOLOGY PROJECT**

☐ Electronic Health Record System
☐ Consumer/Family Access to Computing Resources
☐ Personal Health Record (PHR) System
☐ Expansion / Leveraging Network of Care
☐ Tele-medicine and other rural/underserved service access methods
☐ Pilot projects to monitor new programs and service outcome improvement
☐ Decision Support / Data Warehousing
☐ Imaging / paper conversion projects
☐ Other (need to justify as being transformative)

- **PLEASE INDICATE IMPLEMENTATION APPROACH TO THE TECHNOLOGY PROJECT**

☐ Custom Application *Name of Consultant or Vendor (if applicable)* _____
☐ Commercial Off The Shelf (COTS) System *Name of Vendor* _____

Exhibit 2: TECHNOLOGY PROGRAM ASSESSMENT REPORT (continued)

- **PROJECT DESCRIPTION AND EVALUATION CRITERIA – DETAILED INSTRUCTIONS**

Please provide a comprehensive narrative on the following Technology Program Assessment components. Required areas of discussion are provided after each component.

Technology Strategic Plan

Provide a description of the County's current technology status and long-term business plan and how technology will be utilized to meet the mental health care service needs of the county. Typically, California county mental health departments will have an Information Technology Strategic Plan (ITSP). This plan may be incorporated within the entire county's ITSP. Please provide a copy of the County's current ITSP, if available. If one is not available, please highlight the main goals and objectives of the County's information technology plan. If the County proposes multiple projects, only one ITSP is required.

Roadmap for achieving an integrated information systems infrastructure through an EHR system

The roadmap must include a plan, schedule and approach to achieving an ***integrated information systems infrastructure through the implementation of an EHR system.*** This Roadmap is reflects the County's overall plan. If the County proposes multiple projects, only one roadmap is required. The following minimum planning components are required:

- A proposed timeline for implementation with major milestones including planning, training, communication and systems analysis
- An inventory of current systems and proposed EHR component purchases
- A proposed workflow assessment, plan and criteria for EHR vendor selection
- Cost estimates associated with the long term plan

County Personnel (Management and Staffing)

Describe the County's current management based on their prior experience with information technology installation and the managerial resources it can bring to bear on the use and control of the technology, i.e., whether the agency has an appropriate management infrastructure and agency personnel possess the necessary qualifications for ongoing maintenance of an integrated management information infrastructure. If the County proposes multiple projects, only one personnel analysis is required.

Exhibit 2: TECHNOLOGY PROGRAM ASSESSMENT REPORT (continued)

Project Management

Describe the County's approach to project management efforts based on the project management requirements presented under Criteria #2 – Technology Program Assessment.

Cost

Costs should be forecasted on a quarterly basis for the life of the project using a technology implementation technology. *(Costs on a yearly and total basis will also be required for input on Exhibit 3 – Budget Summary).*

Nature of the Project

Describe:

- The extent to which the project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives
- The degree of centralization or decentralization required for this activity
- The data communication requirements associated with the activity
- The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality
- The degree to which the technology can be integrated with other components in the achieving the integrated information systems infrastructure

Hardware Considerations

Describe:

- Compatibility with existing hardware, including telecommunications equipment
- Physical space requirements necessary for proper operation of the equipment
- Hardware maintenance
- Knowledge and skills required of county personnel
- Backup processing capability
- Existing capacity, immediate required capacity and future capacity

Software Considerations

Describe:

- Compatibility of computer languages with existing and planned activities
- Maintenance of the proposed software, e.g. vendor-supplied
- Availability of complete documentation
- Availability of necessary security features
- Ability of the software to meet current technology standards or be modified to meet them in the future

Exhibit 2: TECHNOLOGY PROGRAM ASSESSMENT REPORT (continued)

Interagency Considerations

Describe the county's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

Training and Implementation

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

Security

Describe the County's policies and procedures related to Privacy and Security planning. Please address specifics related to:

- Protecting data security and privacy
- Operational Recovery Planning
- Business Continuity Planning
- Emergency Response Planning
- HIPAA Compliance

- **COSTS AND APPROVALS**

PLAN SPONSOR(S) COMMITMENTS

Sponsor(s) Name(s) and Title(s)

Identify the project sponsor name and tile. If multiple sponsors, identify each separately.

Commitment

Describe each sponsors commitment to the success of the project, identifying resource and management commitment.

APPROVALS/CONTACTS

Please include separate signoff sheet with the names, titles, phone, e-mail, signatures and dates for:

- Individual(s) responsible for preparation of this Exhibit #2 – Technology Assessment Report
- Project Sponsor(s)

EXHIBIT 3 – BUDGET SUMMARY (in Thousands $)
For Technology Plan

County:
Project Name:

Category	(1) 07/08	(2) 08/09	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Total Staff (Salaries & Benefits)					
Hardware					
From Exhibit 2					
Total Hardware					
Software					
From Exhibit 2					
Total Software					
Contract Services (list services to be provided)					
Total Contract Services					
Other Expenses (Describe)					
Total Costs (A)					
Total Offsetting Revenues (B) **					
MHSA Funding Requirements (A-B)					
NOTES:					

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.
** For projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients) attach a description of estimated benefits and project costs allocated to each program.

EXHIBIT 4 - QUARTERLY STATUS REPORT
For Technology Plan

PROJECT INFORMATION	
Project Name:	**County:**
Executive Sponsor: Title:	**Report Period:**
Project Status: ☐ On Schedule ☐ Within Approved Budget ☐ Ahead of Schedule ☐ Over Budget ☐ Behind Schedule	**Project Start Date:** **Project End Date:**
Project Objectives:	

MAJOR MILESTONE STATUS

Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Initiation Phase	**Example:** Project Charter; Initial Baseline; Project Schedule; Cost Tracking; Change Management; Risk Management and Risk List					
Requirements Phase	**Example:** Technical and Business Requirements Documents					
Design Phase	**Example:** Software Design Description; Process Work Flows					
Construction Phase (Software Deployment for COTS)	**Example:** Program Specification; Coded Modules					
Testing Phase	**Example:** Test Plans, Test Scripts; System and User Acceptance Test Execution and Test Results					
Implementation Phase	**Example:** Production Implementation Plans; Project Re-Planning; Risk Reviews/Actions					
Post-Implementation Phase	**Example:** Project Closeout; Lessons Learned; Production Metrics Baselines/Targets					
PIER	**Example:** Post-Implementation Evaluation Report					

EXHIBIT 4 - QUARTERLY STATUS REPORT (continued)

Performance Measurement Category	Planned to Date	Actual to Date	Estimate to Complete (ETC)
Project Hours			
Staff (Salaries & Benefits)			
Hardware Purchase			
Software			
Contract Services			
Other			
Total Project Costs			
Justification (if Actual and Planned differ by more than 10%):			

STATUS, MAJOR ACCOMPLISHMENTS, SCHEDULED ACTIVITIES
STATUS: ACCOMPLISHMENTS: 1 2 3 4 5 SCHEDULED ACTIVITIES: 1 2 3 4 5

EXHIBIT 4 - QUARTERLY STATUS REPORT (continued)

RISK AND ISSUE MANAGEMENT

Risk and Issue List Report (Please provide the risk and issue log along with mitigation, contingency plan for each risk and resolution plan for each issue.)

ID	Risk (Describe the risk in simple terms; provide any details in additional comment sheets.)	Probability	Impact	Timeframe	Response	Escalated to DMH

Explanation of entries:

- Probability and Impact are based on three possible entries: High (H), Medium (M), Low (L)
- Timeframe, estimation of how long the risk will be relevant: Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long-Term (L) >6 months
- Response: possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- Escalated to DMH – Yes or No

Consider and list any risks associated with the following components of the plan:

1. Clearly defined project objectives and business processes
2. Identification of stakeholders and clearly defined roles
3. Establishment of project steering committee
4. Availability of the required funds and resources in a timely manner
5. Clearly defined team roles and responsibilities
6. Availability of internal experts to share knowledge with the project team
7. Finalization of well defined requirements
8. Use of project development and project management methodology and change management process
9. Knowledge and stability of technologies being used
10. Proven vendor product (If package solution)
11. Clearly define the scope and requirements of the project
12. User group involvement and buy-in throughout the project
13. Provision of appropriate training

EXHIBIT 4 - QUARTERLY STATUS REPORT (continued)

POST IMPLEMENTATION EVALUATION REPORT

Please include the following sections in the County's final status report:

County:	Project:
Objectives Achieved	
Describe the achieved objectives in comparison to the objectives listed in the Technology Project Assessment Report (Exhibit 2) Also describe the user and management acceptance of the completed project. •	
Lessons Learned	
Describe lessons learned, best practices used for the project, any notable occurrences, or factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe problems that were encountered and how they were overcome. •	
Corrective Actions	
Note: This section will have to be included when the project is deemed to be a limited success or failure, or when there are significant differences between project expectations and project results. If this condition applies, summarize alternatives for improving the outcome. •	
Next Steps	
Describe if the project has any future phases or enhancements; or will it be in maintenance phase •	

EXHIBIT 4 - QUARTERLY STATUS REPORT (continued)

County Approvals		
Prepared By		
Name	Title	
Signature	Date	Phone
MH Chief Information Officer (or in small counties, the person designated as responsible for MHSA functions)		
Name		
Signature	Date	Phone